

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

Do not use this space.

36439

NOV. 15 1937

791

1. PLACE OF DEATH

County

Registration District No.

Township

Primary Registration District No.

City St. Louis, Mo.

(No.

City Sanitarium

File No.

Registered No.

St.

Ward)

2. FULL NAME Mary Farina

(a) Residence, No. 2405 No. 15th St

St.

26 Ward.

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 33 yrs.

mos.

ds.

How long in U. S., if of foreign birth?

yrs.

mos.

ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Female

4. COLOR OR RACE

White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

Louis Farina

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

Jan. 6, 1875

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, hrs. or min.

62

9

20

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Housework

10. Date deceased last worked at this occupation (month and year) 8-15-37

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Castro Giovani, Sicily

13. NAME

Louis Gagliani

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Unknown Sicily

15. MAIDEN NAME

Mary Biaggio,

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Unknown Sicily

17. INFORMANT (ADDRESS)

Otis Taylor, M.D. 5400 Arsenal St

18. BURIAL, CREMATION, OR REMOVAL

PLACE

Calvary

DATE

Oct. 29, 1937

19. UNDERTAKER (ADDRESS)

Chas. F. Stuart 1225 Union Blvd.

20. FILED

OCT 28 1937

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10-26-37, 19

22. I HEREBY CERTIFY, That I attended deceased from 8-30-1937, 19, to 10-26-37, 19

I last saw him alive on 10-26-37, 19. Death is said

to have occurred on the date stated above, at 10:00 P.M.

The principal cause of death and related causes of importance were as follows:

Acute Hemorrhagic Nephritis

onset 10-24-37

Cause unknown

Other contributory causes of importance:

Coronary Artery Disease

onset 8-30-37x

Broncho-pneumonia 10-25-37

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? NO

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Chas. F. Taylor, M. D.

(Address) City Sanitarium

